

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

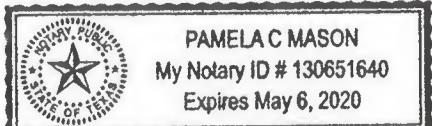
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>8</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <i>MR</i>	FIRST <i>David</i>	MI <i>6</i>
	NICKNAME <i>Almond</i>	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>811 Klesberg Court Southlake, TX 76092</i>		
	<input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>505-3703</i>	EXTENSION
	<input type="checkbox"/> Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS <i>MR</i>	FIRST <i>Catherine</i>	MI <i>B</i>
	NICKNAME <i>Almond</i>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>811 Klesberg Court Southlake, TX 76092</i>		
	<input type="checkbox"/> Receipt # <input type="checkbox"/> Amount \$ <input type="checkbox"/> Date Processed <input type="checkbox"/> Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(650)</i>	PHONE NUMBER <i>399-5287</i>	EXTENSION
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
9 REPORT TYPE	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	Month Day Year <i>3 126 2019</i> THROUGH <i>4/24/2019</i>		
10 PERIOD COVERED	ELECTION DATE Month Day Year <i>5/4/2019</i>		
	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 ELECTION	OFFICE HELD (if any) <i>Carroll ISD Trustee Place 7</i>		13 OFFICE SOUGHT (if known) <i>Carroll ISD Trustee Place 7</i>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>David L. Almend</i>		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 CONTRIBUTION TOTALS		1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ <i>200.00</i>
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <i>1900.00</i>
EXPENDITURE TOTALS		3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ <i>50.00</i>
CONTRIBUTION BALANCE		4. TOTAL POLITICAL EXPENDITURES \$ <i>846.00</i>
OUTSTANDING LOAN TOTALS		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <i>1656.39</i>
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ <i>1,000.00</i>
18 AFFIDAVIT		
 <p>PAMELA C MASON My Notary ID # 130651640 Expires May 6, 2020</p>		<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p><i>David L. Almend</i></p> <p>Signature of Candidate or Officeholder</p>
AFFIX NOTARY STAMP / SEAL ABOVE		
<p>Sworn to and subscribed before me, by the said <u>David L. Almend</u>, this the <u>25th</u> day of <u>April</u>, 2019, to certify which, witness my hand and seal of office.</p> <p><i>Pamela C. Mason</i> <i>Pamela C. Mason</i> <i>Adyng Ass't Notary Public</i></p> <p>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>David L. Almond</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2100 ⁰⁰	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150 ⁰⁰	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 846 ²³	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>3</i>
2 FILER NAME <i>David L. Almand</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/11/2019</i>	5 Full name of contributor <i>Martha Reukema</i> 6 Contributor address; <i>908 Shadywood St. Southlake, TX 76092</i>	□ out-of-state PAC (ID#: 7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11/2019</i>	Full name of contributor <i>Richard Walker</i> Contributor address; <i>1399 Provincial Lane Southlake, TX 76092</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2019</i>	Full name of contributor <i>Brenda Forman</i> Contributor address; <i>201 Sheffield Ct. Southlake, TX 76092</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2019</i>	Full name of contributor <i>Patricia Wilson</i> Contributor address; <i>14181 E. Dove Southlake, TX 76092</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

David L. Almand

3 Filer ID (Ethics Commission Filers)

4 Date

5/11/2019

5 Full name of contributor

Dudley Jordan

out-of-state PAC (ID#:

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

City; State; Zip Code

1024 Marquie Ct. Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/12/2019

Full name of contributor

Curtis Green

out-of-state PAC (ID#:

Amount of contribution (\$)

500⁰⁰

Contributor address;

City; State; Zip Code

1211 Ridgewood Pk. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/15/2019

Full name of contributor

Seth Lanner

out-of-state PAC (ID#:

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

1214 Wyndham Ln. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/18/2019

Full name of contributor

Luna Joseph

out-of-state PAC (ID#:

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

813 Kleberg Court Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

David L. Almand

4 Date

4/15/2019

5 Full name of contributor

out-of-state PAC (ID#:

Michelle Moore

City; State; Zip Code

1307 Normandy Ct. Southlake, TX 76092

1 Total pages Schedule A1:

3

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

4/15/2019

Doug Rhone

City; State; Zip Code

816 Kleberg Court Southlake, TX 76092

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

4/17/2019

William Brandt

City; State; Zip Code

808 Victoria Lane Southlake, TX 76092

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name David Almond	Office sought CISD Trustee 7
Date 4/11/2019	Payee name IMPACT 516NS	Office held CISD Trustee 7
Amount (\$) 162.38	Payee address; City; State; Zip Code 5411 Industrial Blvd. Suite A Grapevine, TX 76051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name David Almond	Office sought CISD Trustee 7
Date 4/12/2019	Payee name COSTCO Business Printing	Office held CISD Trustee 7
Amount (\$) 168.86	Payee address; City; State; Zip Code 3325 South 116th St. Suite 161 Seattle, WA 98168	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name David Almond	Office sought CISD Trustee 7
Date 4/15/2019	Payee name EZ Marketing	Office held CISD Trustee 7
Amount (\$) 248.26	Payee address; City; State; Zip Code 5900 Bingle Rd. Houston, TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name David Almond	Office sought CISD Trustee 7
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>David Almond</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/19/2019</i>	5 Payee name <i>IMPACT SIGNS</i>		
6 Amount (\$) <i>216.50</i>	7 Payee address; City; State; Zip Code <i>541 Industrial Blvd. suite A. Grapevine, TX 76051</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>David Almond</i>	Office sought <i>DISD Trustee</i>	Office held <i>DISD Trustee</i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			